

SATISFACTION

Success Story

Turning Strategy into Reality with the Balanced Scorecard



St Vincent's Private Hospital, Sydney

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Turning Strategy into Reality with the Balanced Scorecard

ST VINCENT'S PRIVATE HOSPITAL, SYDNEY

Problem Statement

St Vincent's Private Hospital, Sydney (SVPH) has been able to maintain its high position in the Press Ganey national patient satisfaction benchmark when compared with peer hospitals, placed at the 96th percentile for the last three quarters. Our problem, however, is twofold: First we want to be number one at 100% *and* give our patients a great experience, not merely a satisfactory one. Second, we want to attract and retain the very best people and give them a great experience. What we have lacked is an organisation-wide framework to help us achieve these mutually reinforcing goals.

Review of Planning Methods

The first key step was to develop a new planning framework. The Nursing Executive began implementing its 2005 – 2009 business plan which embodies three key strategic themes (KST):

KST 1 ACHIEVING OPERATIONAL EXCELLENCE

KST 2 ENHANCING QUALITY AND SAFETY

KST 3 INITIATING CULTURAL TRANSFORMATION

To address KST 1 in 2005 we implemented the Balanced Scorecard methodology. This clinical governance framework enabled us to develop strategies to address the remaining two KSTs. Moreover, it allowed us to derive meaningful targets, measures and performance indicators that would demonstrate how and when we had achieved our goals.

To address KST 2, among many other initiatives, the orthopaedic unit underwent a review of the multidisciplinary team which highlighted a number of quality and safety improvements that could be made to render the service more effective and efficient. The private hospital sector is constantly exhorted to find ways to enhance patient care and outcomes while reducing costs and length of stay. This collaborative initiative achieved each of these goals.

To provide relevant and up to date data to regularly populate the Balanced Scorecard and aid in better governance, SVPH moved to continuous Press Ganey surveying in 2005. Access to contemporaneous data means we now plan strategies and initiatives in a timelier and more focussed way around patients' needs.

To address KST 3 we conducted workshops and seminars with senior staff to devise a suite of initiatives aimed at nursing recruitment and retention. Our mandate became to attract and keep the very best people for our services. For us, quality people equals quality care and this means investing in our people and processes in order to develop both to meet their best potential.

We also appreciated that cultural transformation is not a 'quick fix' problem. Therefore, we well understand the need to sustain our program over the long term.

Discussion of Programs and Initiatives

KST 1. ACHIEVING OPERATIONAL EXCELLENCE

Implementation of the Balanced Scorecard (BSC) Tool

Clinical Governance is currently one of the top agenda items for the healthcare industry. Ensuring the quality, safety and excellence of clinical outcomes for our patients is the paramount concern for the executive of the nursing directorate at SVPH. The Balanced Scorecard is a potent corporate tool for turning strategy into reality. It helps managers systematically map key strategic objectives, measures, targets, initiatives and accountabilities to progress the delivery of clinical care (Fig 1 and Fig 2 on Page 3)

Nursing's successful implementation of the BSC has influenced the wider organisation to adopt it. Implementation was as follows:

- In early 2005 the Director of Nursing (DON) introduced the idea of the Balanced Scorecard approach to the Nursing Executive.
- Relevant and contemporary literature about the BSC was distributed to the Nursing Executive.
- The DON undertook an intensive course with the Balanced Scorecard Collaborative.
- The Nursing Executive developed the first generation Balanced Scorecard as our strategic plan for 2005-2009.

Fig. 1

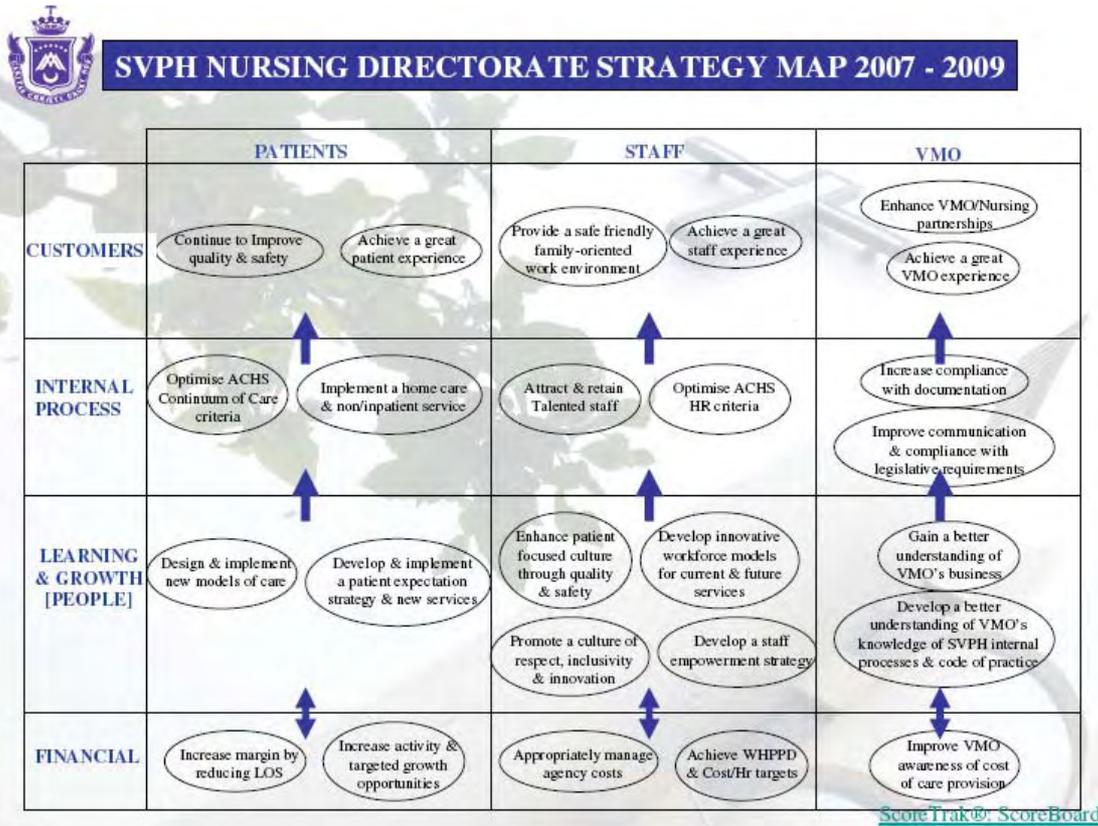
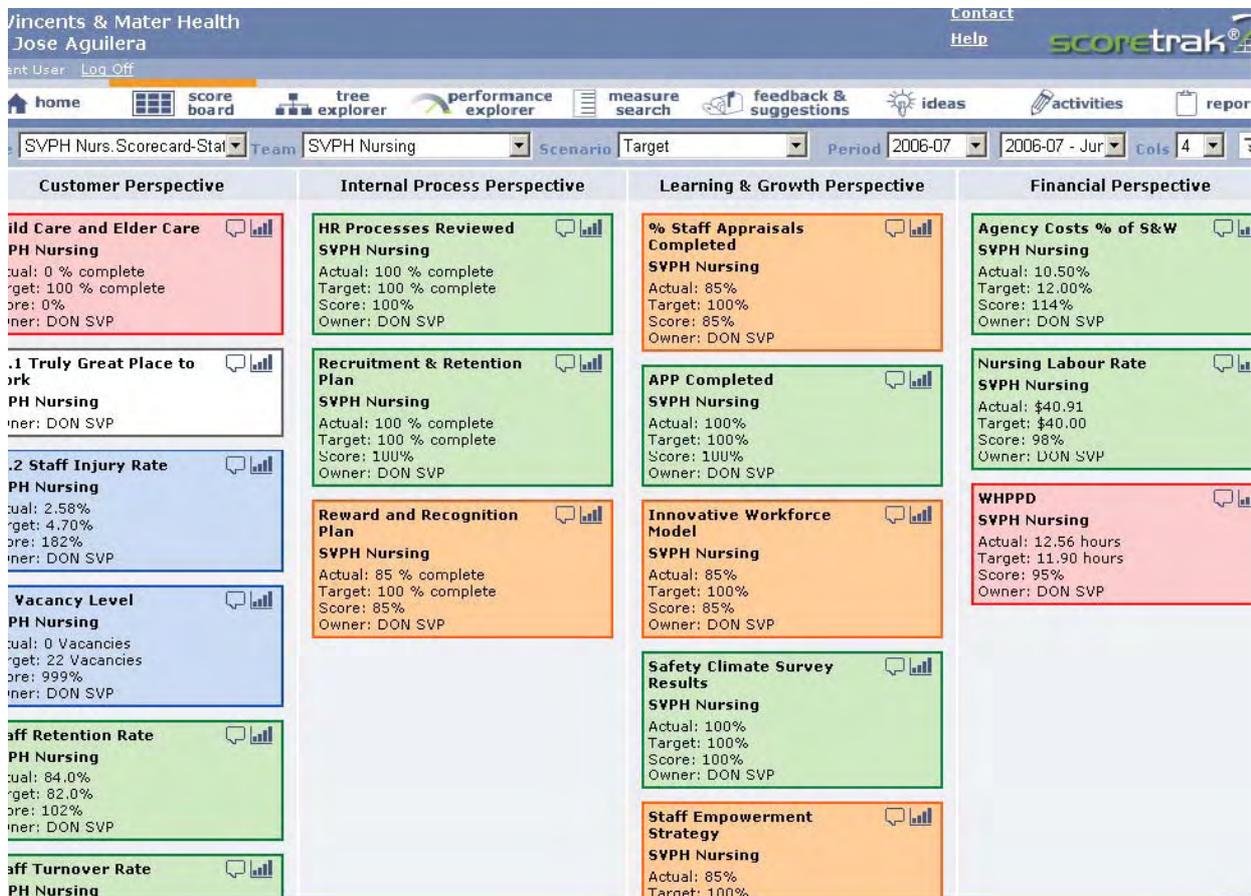
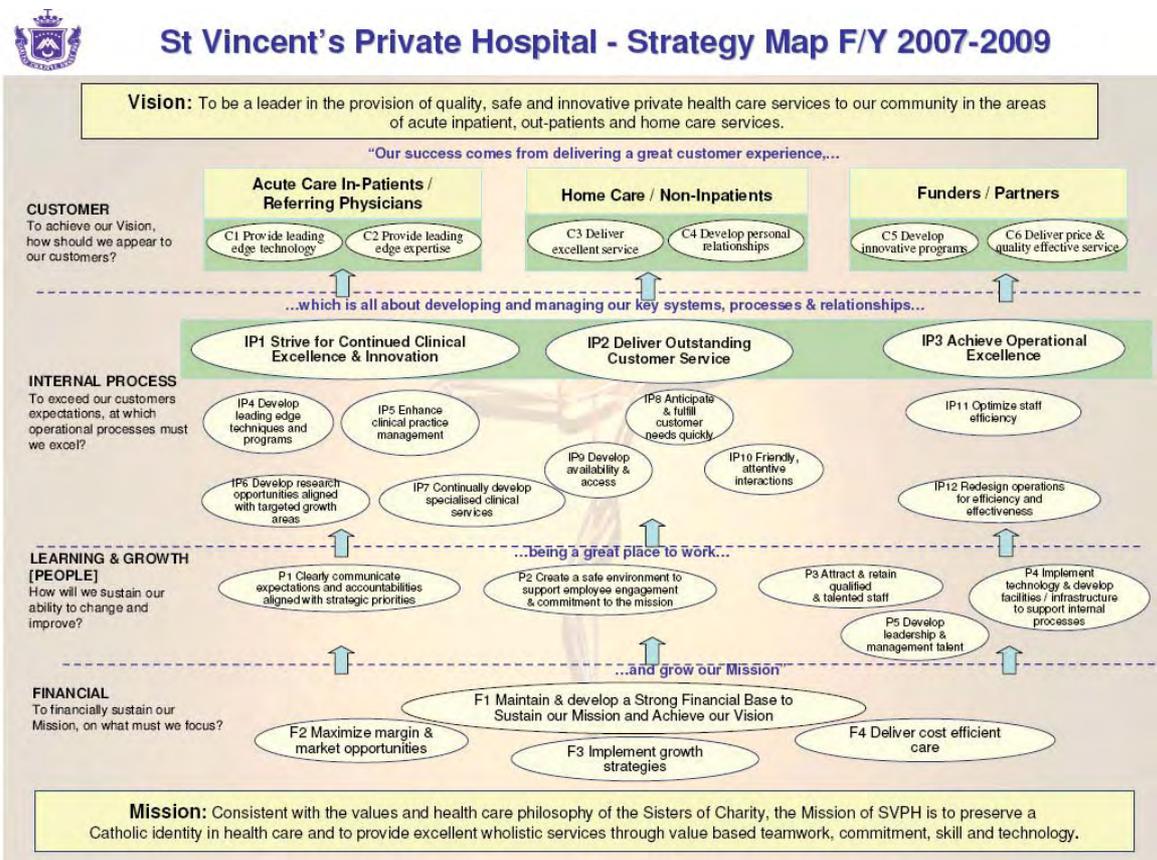


Fig. 2



- The second generation BSC was adopted incorporating our strategy map, addressing the three key strategic themes and three key stakeholder groups as discussed above.
- A further two half-day workshops were conducted with all Nursing Unit Managers (NUM) and Assistant Directors of Nursing (ADoN) to cascade the strategy throughout all the nursing units and departments.
- Individual strategy maps were developed by all units and departments.
- The DON and the executive decided to automate the BSC throughout the nursing directorate using especially designed software.
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- The consultant introduced the executive and NUMs to the 'Simplex' methodology, a process and analytical approach to enhance creativity and innovation by dealing with 'fuzzy' problems.
- Extensive education and promotion of the BSC was conducted with NUMs, CNEs and with registered nurses (RN) from all the various individual units and departments.



Current status

The BSC framework has been implemented throughout the Nursing Directorate;

- Each ward, unit and department has a strategic plan based on the BSC framework, with a strategy map, its respective objectives, measures, targets, initiatives and accountabilities;
- A reporting system has been established with three 'Scorecards' generated on a monthly basis;
- The BSC was automated using a software program;
- All NUMs, ADoNs and CNEs have been trained in the use of this software;
- All units/departments have this software at their finger tips and use it for their monthly presentation at ward meetings; and
- Performance trends are checked by the managers and their teams on a weekly basis.

Lessons learned

- The initiative requires commitment from the executive;
- It needs resourcing and someone to drive it; and
- Demands education of and buy-in from managers and staff.

What we would do differently

Engage the whole organisation in the process from the outset.

The key strengths of the initiative

- Assists the organisation in deriving its strategy from mission and values;
- A greater focus on strategy by staff;
- Increases our ability to execute the strategy;
- It is a great communication tool; and
- Focuses us on improving performance by setting measures and targets as well as defining accountability.

KST 2. ENHANCING QUALITY AND SAFETY

Improving Clinical Orthopaedic Outcomes Program

On average, up to 60 total knee and total hip joint replacements are conducted every month on a population usually presenting in their late sixties through early seventies. These patients often have age-related and multiple co-morbidities that sometimes present significant challenges for patients' clinical management and outcomes. Patients' previous experiences of hospitalisation also impact quite significantly on expectations about the clinical management of their stay in hospital. Consequently, the hospital has had a longer than industry-average length of stay. This poses significant risks - quality and financial - to patients, health insurance funds and the hospital.

In 2005 an external consultant was engaged to review the management of patients with the specific orthopaedic conditions discussed above. Specifically, the review highlighted the team's need to:

1. Improve patient milestone outcomes (e.g. early ambulation, improve pain management);
2. Reduce the average length of stay;
3. Reduce the transfer to rehabilitation facilities (when not clinically indicated);
4. Enhance the quality and efficiency of allied health services to patients;
5. Improve the quality of clinical communication and documentation (clinical variance reporting);
6. Better prepare the patient for the procedure by increasing the attendance at pre-admission facilities;
7. Encourage patients to be more knowledgeable partners in their care.

Building the team



Nursing

From the outset the nursing leadership in the Orthopaedic Unit took charge of all aspects of the Program. This involved a series of information sharing sessions and team meetings to plan for and implement the Program.

Visiting Medical Officers

The Visiting Medical Officers (VMO) participated in the development of special patient education brochures relating to joint replacement surgery. This enabled accurate description of their medical and nursing care. The VMOs were also involved individually in the discussions concerning the sometimes inappropriate transfer of patients to in-patient rehabilitation facilities.

Physiotherapists

On review of current practice, it was decided that physiotherapy services were suboptimal and could be enhanced. Therefore, the number of daily visits doubled from only one visit per day per patient to two. This had the dual purpose for patients of:

1. Reducing the risk of deep vein thromboses (by increased mobility); and
2. Enhancing their mobility prior to discharge (thus enhancing their perceptions of their ability to cope at home).

Pre-admission centre staff

A collaborative approach to pre-admission education was initiated. In our new approach, the CNE, discharge planner (a registered nurse) and the occupational therapist together provide education concerning expectations about discharge (but prior to admission). This facilitates a realignment of the patients' expectations with best practice rather than the patients' wishes (which may not reflect best practice).

Effectiveness of Service

Service Integration and Continuity of Care

A community care provider has had a longstanding but informal partnership with the orthopaedic unit of SVPH to provide a seamless transfer of care from hospital into the community. We have now formalised a joint plan of care for patients undergoing major joint surgery to ensure patients achieve the desired outcomes in their rehabilitation.

Allied Health Services

Prior to the program's implementation, allied health services were provided by various contracted services in a non-integrated fashion. This led to poor communication and disjointed delivery of care for patients.

Patient and Customer Focus

This program meets the needs of all customers. Our team of care providers is more cohesive and much more strongly oriented toward improving patients' clinical outcomes, reducing length of hospital stay and inappropriate/unnecessary transfer to in-patient rehabilitation facilities. For our patients and health insurance funds this improves quality of clinical care, returns patients to their communities better prepared for their convalescence and reduces the burden of cost on both SVPH and the insurance funds.

Continual feedback

Patients are now asked for feedback continuously by Press Ganey which sends out patient satisfaction surveys on a weekly basis. This enhances the hospital's capacity to respond to customer evaluation in a timely manner.

Peer recognition

Our Improving Clinical Orthopaedic Outcomes Program was the recipient of the 2006 Australian Private Hospitals Association/Baxter Team Award for Clinical Excellence and was a finalist in the inaugural Sisters Of Charity National Awards 2007.

KST 3. CULTURAL TRANSFORMATION

The SVPH Nursing Recruitment & Retention Program

A suite of initiatives to develop the capability of our workforce was devised through workshops with clinical and non-clinical staff. Our R & R program has helped us achieve a number of our strategic goals as reported in the results section below. Managing generational and skill diversity is and will continue to be a high priority given our hospital now embraces 'veterans' to 'generation Y' and a mix of trainees and assistants through to expert registered nurses.



Our program caters for such diversity as follows:

1. A unique three-tiered Clinical Nurse Specialist credentialing and performance management framework remunerates this advanced classification above award rates on the basis of a competency and evidence-based application and review process. This initiative has been published in an international peer-reviewed journal; An in-house evaluation of the framework conducted with key nursing staff (NUMs, CNEs, CNSs and RNs) 18 months post-implementation (late 2006) demonstrated the following positive results:

38/51 (74.5%) believe it has improved the profile of CNS

39/51 (76.4%) believe it has significantly 'raised the bar' for CNS

36/51 (70.5%) believe it is fairer, more rigorous and transparent process than before

26/49 (53%) believe it has added to staff satisfaction with recognition and reward

17/48 (35.4%) believe it has helped raise standard of care for patients

2. A unique Accelerated Progression Pathway enables motivated and talented nurses to be remunerated above the award rate on the basis of a rigorous competency and evidence-based assessment process that recognises some develop professionally faster and more effectively than others. This initiative has been published in an international peer-reviewed journal.

3. A 2-year fast-track Bachelor of Nursing Program delivered from the Darlinghurst campus in collaboration with the University of Tasmania. This program, unprecedented in Australia, was designed by the University in partnership with the facilities of St Vincent's & Mater Health, Sydney of which SVPH was a lead stakeholder in its development and initial implementation. SVPH places 50% of the cohort (120) during the students' clinical practicum. To date, the 2006 cohort of students is progressing well and will graduate and be offered employment in SVPH early in 2008. This is highly beneficial to the organisation as we will have had a significant investment in the students' preparation for practice as a registered nurse and they will be very much more competent and confident to work in our facility as a result of this close collaboration.

4. Yearly nursing awards (financial and symbolic) for nurses demonstrating excellence in clinical, professional development, mentoring and team work. Staff have shown growing enthusiasm for these annual awards as evidenced by increasing numbers of nominations coming from the nursing workforce. A formal ceremony is held each International Nurses' Day (May 12) to present the awards which is well attended by nursing and other staff thus demonstrating the initiative is held in high regard.

5. Scholarships for nurses undertaking upgrade of qualifications or converting from one level of nurse to another. In the year June 2006 - June 2007 the hospital spent \$157, 111 on supporting staff to attend seminars and short courses, upgrade qualifications through university and TAFE sector programs, attend conferences nationally and overseas as well as undertake in-house training sessions.

Strong collaborative relationships with the tertiary sector are vital for the ongoing growth and development of the staff of the hospital. To this end senior staff have had their contribution to clinical scholarship, practice development and research recognised by honorary and conjoint staff appointments as follows:

1. The Director of Nursing, Jose Aguilera, is a Clinical Associate Professor with Australian Catholic University, National; and
2. The Practice Development & Research Coordinator, Dr Kim Walker, is an Adjunct Professor, University of Technology, Sydney and a Clinical Associate Professor with the University of Tasmania.

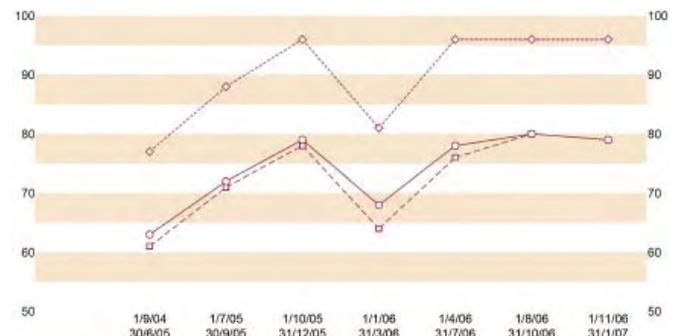
Still more conjoint appointments are in negotiation for senior staff of a Practice Development Unit which is currently being set up in the Gastro/Vascular unit with another of our 'preferred partner' universities the University of Notre Dame, Australia.

RESULTS OF PROGRAMS

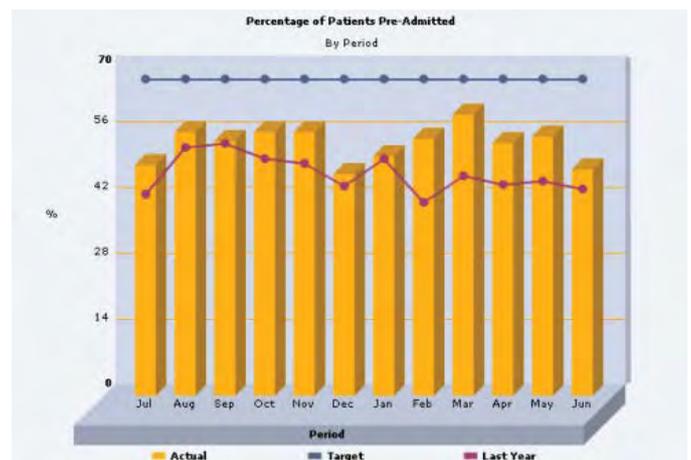
KST 1. BALANCED SCORECARD

Results demonstrate an **increase** in:

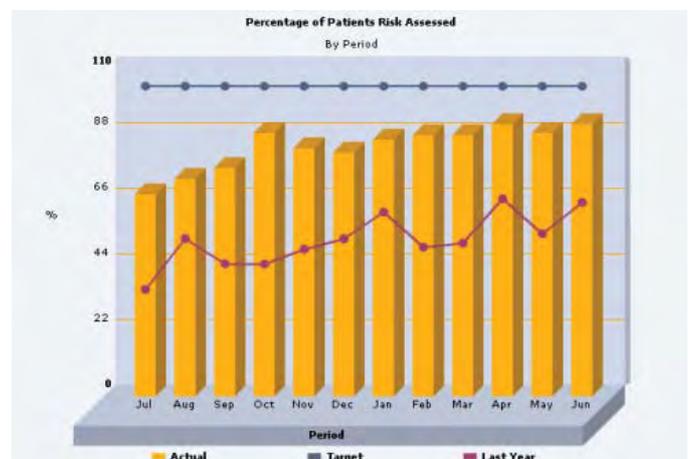
Patient Satisfaction Scores



Patients Pre-admitted

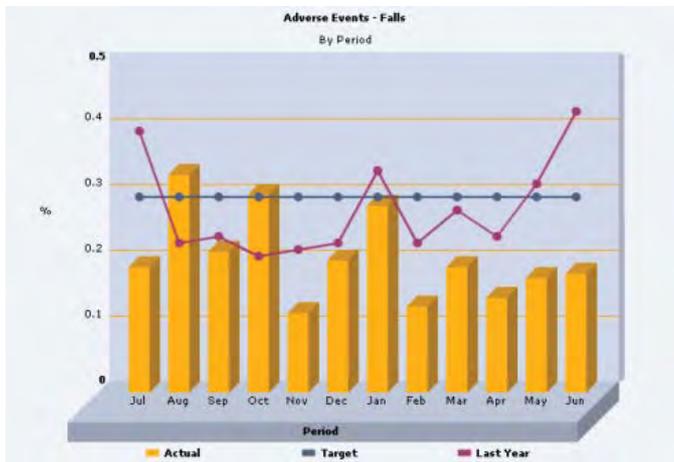


Patients Risk Assessed

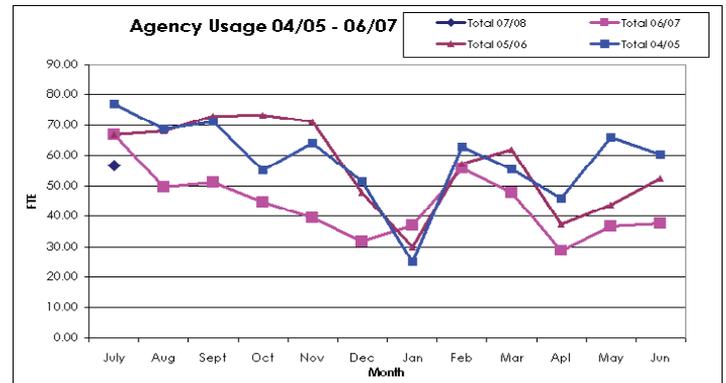


Results demonstrate a **reduction in:**

Hospital Identified MRSA, Falls and Medication Incidents



Nursing Turnover rate and Agency Utilisation



Average Length of Stay - now 5.2 days

KST 2. IMPROVING CLINICAL ORTHOPAEDIC OUTCOMES PROGRAM

Results demonstrate

- Reduction in the percentage of patients being transferred to in-patient rehabilitation facilities
- Increase in numbers of patients discharged home
- Significant reduction in length of stay

KST 3. THE SVPH NURSING RECRUITMENT & RETENTION PROGRAM

Results demonstrate a **reduction in:**

Vacancy Rates

